STATE OF COLORADO

COMPANY CHECKLIST FOR <u>CREDIT INSURANCE</u> FORM FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED ITEMS FOR COMPLETE FILING	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE	
	The exact wording of the certification must be used		
Certification of Complicance	 It must contain an <u>original</u> signature of a company officer (president, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is a company officer). 	§10-10-109(1), C.R.S. Colorado Regulation	
	Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign).	4-9-2 (11)(A)(1) and (B) Colorado Bulletin	
	 If the certification is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors as a company officer must accompany each filing. 	B-4.18 Exhibit: FORM CI	
	Submit as a separate document. This listing should not be on a cover letter or included with anything else in the submission. It should include:		
Listing of New Form(s)	Line of insurance (e.g., individual health, large group, dental, etc.)	040 40 400(0)()	
, ,	Form Numbers	§10-10-109(3)(a) and (b),C.R.S.	
OR	Form Titles		
	Decription of new policy form(s)	Colorado Regulation	
Annual Report of Forms	Must have an Effective Date for Use in Colorado that is at least 31 days after the SERFF submission date (new forms only)	4-9-2 (11)(A)(1) and (2)	
	Do not submit actual forms		
	 Annual reports must be filed prior to July 1 of each year 		

FORM CI

COLORADO CREDIT INSURANCE POLICY CERTIFICATION FORM FOR ANNUAL REPORTS AND LISTINGS OF NEW POLICY FORMS

I, THE UNDERSIGNED OFFICER OF	
(Nan	ne of Entity)
AM KNOWLEDGEABLE OF CREDIT INSURANCE;	
HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLATTACHED LISTING OF NEW POLICY FORMS OR ANNUAL R WITH THE COLORADO COMMISSIONER OF INSURANCE;	
HAVE READ AND UNDERSTAND EACH OF THE APPLIC REGULATIONS;	CABLE COLORADO LAWS AND
AM AWARE OF THE PENALTIES WHICH MAY BE ENFORONOOMPLYING FORM; AND	CED FOR CERTIFICATION OF A
CERTIFY THAT THE POLICY FORMS IDENTIFIED ON THE L OR ANNUAL REPORT, FILED WITH THIS CERTIFICATION, A ALL RELEVANT COLORADO INSURANCE LAWS AND REGULA	ARE IN FULL COMPLIANCE WITH
(<u>Original</u> Signature of Officer*)	(Title of Officer*)
(Printed Name of Officer*)	(Date)

^{*} If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.

Company Name:	
NAIC CoCode:	
SERFF Filing #:	

FORMS LIST

(Annual Report of Forms or Listing of New Policy Forms)

Line of Insurance (e.g., Group Disability, etc)	Form Numbers	Form Titles	Description of New Policy Forms	Effective Date

Must attach to filing in SERFF, as well as hitting the submit button below.

Company Name:	
NAIC CoCode:	
SERFF Filing #:	

FORMS LIST

(Annual Report of Forms or Listing of New Policy Forms)

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Line of Insurance				_	
(e.g., Group Disability, etc)	Form Numbers	Form Titles	Description of New Pol	cy Forms	Effective Date